

IDAHO STATEWIDE HEALTHCARE INNOVATION PLAN

Meeting Notes

CLIENT:	State of Idaho	MEETING DATE:	September 12, 2013
SUBJECT:	HIT	LOCATION:	Conference Room D East
ATTENDEES:	Present: Scott Carrell, Michael Farley, Platt Thompson, Peggy Evans, Ed Fischer, Rick Turner, Kathy Turner, Tim Heinz Facilitators: Andrew Wilson, Jack Peters Absent: Michael Gaul, Yvonne Ketchum, John Kee, Zach Hodges, Joe Skeen, Scott Smith Facilitators: Andrew Wilson, Jack Peters	DISTRIBUTION:	

Decision Items

- Reviewed current project status.
- Reviewed project timeline and remaining milestones.

Follow-Up Items.

- Next in-person meeting: October 17, 8 am–Noon

Notes

- Introductions.
- Scott reviewed current topics from the Steering Committee (SC). Scott indicated to other chairs and the SC that we would be reviewing and updating the draft budget on September 12, 2013. The resulting document will be passed along to the SC. The SC indicated that the work group's approach is appropriate. Although we did get a two-month extension, we are still working towards a September 24 completion for the HIT SHIP draft.

- Ed Fischer – the exercise that we are performing currently is to look at costs over the five-year period. CMMI, via CMS, will be reviewing the application. There will need to be transformation from the five-year costs to participating provider cost sharing. From a sustainability perspective, we need to understand and document a reasonable sustainment model. Document the future state blueprint. Highlight those aspects as we proceed with the cost model development.
- House keeping items: Remaining work surrounds the finalization of the project cost estimations and development of the plan for ongoing sustainment.
- Task today is to determine costs for each component piece. How do we get cost information and is it valid enough for the model?

Platt's presentation of the workbook:

- Kudos to Mercer for creating the workbook development tool which greatly facilitated the budgeting effort.
- Medicaid will be the first payer to begin participating in the all payer database. The MMIS will send claims after all rules, i.e. eligibility application, are applied. Pharmacy data will be included. Much of the data warehouse and decision support tools are already in place and can be leveraged.
- The estimate may be light on resources; hardware costs will be minimal and will likely be leased in a separate data center which provides data recovery services.
- Three of the projects; ETL, reports, and analytics, are a large chunk of money. Clinical, claims, and patient engagement data is a huge amount of data (types) as well as players that may all want different views. This effort is very complex. All the heavy lifting is on the backend in terms of the application of distinct rules (governance, policy, privacy, and technical component). These costs are high. Need to consider the vision of all these players having access to this diverse set of data and the processes that need to be in place to control that.
- Assuming that if the grant is approved, the funds will be awarded to IDHW. It is important to ensure that the Governor is on board with regard to who the funding would be specifically. IDHW is availing themselves to be the fund manager for this piece; however, there may be a better suited entity for the development phase once the grant application is approved. Ed to reach out to Tammy Perkins, Dr. Epperly and others as appropriate to confirm whether this is already understood. This will be helpful to understand as it may affect funding. The concern is the release/authority to use authorized funding upon award approval.

- Work group approved the assumptions regarding average rates for consultants and FTE personnel costs.
- Work group reviewed project descriptions worksheet describing each project and the efforts associated with each year.
- The IT Infrastructure components are key technical components which put in place the foundation for all other components, e.g. reporting and analytics.
- For the sustainment model, we need to determine who is going to pay and what they will be willing to pay for. For those that are sophisticated in EDI currently they will likely not be willing to pay for replacement functionality. Need to establish levels of commitment prior to the end of the five-year period.
- Implementation – largest project component; includes training, regression testing.
- EHR first year fee of \$15,000 is the amount to hook up the EHR vendor with the provider. Project assumes point-to-point vs. direct connection. This is one area that could come down based on industry changes e.g. HL7, parsing, and consumption improvements.
- Sustainment is predicated on providers signing up with this program. The incentive is a free solution and meaningful use phase 2. PCP providers will need larger payments due to the additional overhead they will incur.
- Kathy recommended front loading some costs, e.g. implementation so that we ensure that there is enough money to fund initial years. Any non-used funds can be carried forward. Also recommend that licensures be paid in advance, if possible, for the five-year period. This is a next step for this work group budget estimation.
- Add three more payors to the all payor claims database – 25% IT Infra 3 for each (approx. 900,000 per). Work with Platt on this.
- Changed EHR 3:
- Report 3 – changed OLAP costs in Year 1 to \$525k from \$225k.
- Combined Report1:3 – cut costs from \$16 million to \$10–\$12 million.
- Move integration costs (bulk) to analysis, design, build activities. Across all projects.

- Sustainment – the value in the new HIT will be the collection of data from other non-PCP providers. Need to do a good job in predicting what users will want in Year 6 – what will they desire and what will they pay for. Having a flexible, scalable mechanism is critical in order to be able to move quickly as the market changes. Need to get the marketing plan in place (this is in the project cost estimate and is a critical piece). Be sure and spell this out in the budget narrative that Platt is developing.
- Platt will need 7–10 days to rework the budget and create the associated narrative. Jack to confirm this schedule works with the SC. ***Follow up note: Charles and Ed indicated the budget had to be submitted by EOD September 20; this is different than the September 24 date we were working towards.
- Need to coordinate with the other work groups on budget to ensure we are not duplicating resources and to align timing for UAT, QA, and implementation.
- Work group recommended holding off on developing the sustainment model until after the budget spreadsheet is complete and approved.
- Message out to work group; workbook will be sent by end of Tuesday and the narrative by the end of Thursday. The work group to send comments by EOD Friday. Jack/Andrew to consolidate Monday and send for admin review. ***Follow-up note: As of September 18, we are waiting to take additional steps until after we hear back from the Project Leadership team.